

PROBATION DEPARTMENT

"Protection, Service and Accountability"

Main Office (805) 781-5300 ~ 2176 Johnson Ave., San Luis Obispo, CA 93408
Juvenile Hall (805) 781-5352 ~ 1065 Kansas Ave., San Luis Obispo, CA 93408



RE:
DOB:
CASE #:

CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize the San Luis Obispo County Probation Department to release all information and records concerning me, confidential or otherwise, to **and/or from** the following agency/consultant/or individual:

NAME/ADDRESS/PHONE:

Unless specifically excluded below, I understand that I am authorizing the release of all probation records, including without limitation, psychological, medical, public assistance and legal records. Released records may contain reference to, or diagnosis of, **problems relating to mental health conditions, alcohol and/or drug abuse, and medical conditions including, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV.)**

The purpose or need for release of this information to the above named agency/consultant/individual:

I understand that I may cancel or revoke this authorization to release information at any time by giving written notice to the San Luis Obispo County Probation Department, and if not earlier revoked, this authorization shall terminate on _____. I also understand that any information released prior to revocation or termination of this authorization shall not be a breach of confidentiality. Further, I understand that I have a right to receive a copy of this authorization.

Client: _____

Date: _____

Witness: _____

Date: _____